

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 JUL 31 PM 12: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P22243 (0)**

1. Corporation Name

**VAUGHN & MELTON CONSULTING ENGINEERS (KENTUCKY), INC.**

Principal Place of Business

Mailing Address

109 S 24TH STREET  
MIDDLESBORO KY 40365-1515  
US

P.O. BOX 1423  
MIDDLESBORO KY 40365-3225  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/22/1988** 3a. Date of Last Report **05/01/1994**

4. FEI Number **61-0663508** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 194.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	ADAMS, KENNETH R.
STREET ADDRESS	109 S. 24TH STREET
CITY- ST- ZIP	MIDDLESBORO KY
TITLE	V
NAME	CARTER, JERRY A.
STREET ADDRESS	109 S. 24TH STREET
CITY- ST- ZIP	MIDDLESBORO KY
TITLE	ST
NAME	ATWELL, DAVID A.
STREET ADDRESS	109 S. 24TH STREET
CITY- ST- ZIP	MIDDLESBORO KY
TITLE	D
NAME	VAUGHN, ROBERT W.
STREET ADDRESS	109 S. 24TH STREET
CITY- ST- ZIP	MIDDLESBORO KY
TITLE	D
NAME	MELTON, LEWIS N.
STREET ADDRESS	109S 24TH STREET
CITY- ST- ZIP	MIDDLESBORO KY
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the owner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment only an address.

SIGNATURE: *Kenneth R. Adams* Kenneth R. Adams 7/21/95 (606) 248-6600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER

CR2E034 (3/95)